

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION — Utility or Design Patent Application**Direct all correspondence to: ☐ Customer Number  OR ☒ Correspondence address below

Name

MONA HALL MCKENZIE

Address

414 BRANCH DRIVE

City

Silver Spring

State

MD

ZIP

20901

Country

USA

Telephone

301-592-8332

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any])

HAZEL L.

Family Name  
or Surname

HALL

Inventor's  
Signature

Hazel L. Hall

Date

4/6/2003

Residence: City

YORK

State

PA

Country

USA

Citizenship

USA

Mailing Address

723 Jessup Place

City

YORK

State

PA

ZIP

17403

Country

USA

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any])

MONA

Family Name  
or Surname

HALL MCKENZIE

Inventor's  
Signature

Mona Hall McKenzie

Date

4/6/2003

Residence: City

Silver Spring

State

MD

Country

USA 2

Citizenship

USA

Mailing Address

414 BRANCH DRIVE

City

Silver Spring

State

MD

ZIP

20901

Country

USA

☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.